

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086855

1. Entity Name

SHEPARD'S ENTERPRISES OF SARASOTA, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90105 013 ***158.75

Principal Place of Business

1608 RACIMO DRIVE
SARASOTA FL 34240

Mailing Address

1608 RACIMO DRIVE
SARASOTA FL 34240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706206

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, DICK
1608 RACIMO DRIVE
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

SHEPARD, CONNIE M.

Street Address (P.O. Box Number is Not Acceptable)

1608 RACIMO DRIVE

City

SARASOTA

FL

Zip Code

34240

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Connie M. Shepard, PSTD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

4-20-2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME SHEPARD, DIXON R
STREET ADDRESS 1608 RACIMO DRIVE
CITY-STATE-ZIP SARASOTA FL 34240

TITLE STD ☐ Delete
NAME SHEPARD, CONNIE M
STREET ADDRESS 1608 RACIMO DRIVE
CITY-STATE-ZIP SARASOTA FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE PSTD ☒ Change ☐ Addition
NAME SHEPARD, CONNIE M.
STREET ADDRESS 1608 RACIMO DRIVE
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie M. Shepard PSTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONNIE M. SHEPARD

4-20-2001

Date

941-379-0311

Daytime Phone #

CR2E034 (10/00)